

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35872**
Registrar's No. **10352**

FILED DEC 7 1945

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location) **Memorial**
(d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State **St Louis MO** (b) County **St Louis MO**
(c) City or town **1901 a La Salle**
(If outside city or town limits, write "RURAL")
(d) Street No. **1901 a La Salle**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CHARLES SOUSAN**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **1** years
7. Birth date of deceased **Jan. 1 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	28	hr. min.

9. Birthplace **Syria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Stationary Fireman**

11. Industry or business **John Sousan**

MOTHER FATHER {
12. Name **John Sousan**
13. Birthplace **Syria**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Syria**
(City, town, or county) (State or foreign country)

16. (a) Informant **1801 a La Salle**

(b) Address

17. (a) **Burial** (b) Date thereof **Dec. 1, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW S.S. PETER & PAUL**

18. (a) Signature of funeral director **Thos. Kuter & Son**

(b) Address **2906 Gravois**

19. (a) **Nov 20 1945** (b) **J. J. Bredeck**
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28th**
year **1945** hour **9:45** minute **A** M.

21. I hereby certify that I attended the deceased from **11/15/45**
19. to **11/28/45** 19.
that I last saw h. **im** alive on **11/28/45** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerotic Heart Disease**
Due to **Pneumonia - Bron**
Due to **Pneumonia - Bron**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **James J. Smith** (Specify type of place) (e) Month of injury
Address **1515 Lafayette** (City, town or other) Date signed **11/28/45**

Duration
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
17
9

2
17
10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *David Lee Fossan*

Licensed Embalmer No. 4245

P. O. Address 2906 Leard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.